#	Category	Question	Response	Source
1	Communications /Training	What communications will DDA be sending to individuals and families supported regarding the changes resource coordination under the waiver to TCM under Medicaid? How will the Maximum Annual Units per person be explained by DDA?	Waiver participants have already received a letter informing them of the waiver merger. In addition, region/county specific letters are also being sent out regarding options to choose among providers or informing people that there is not change in RC provider at this time. The DDA has asked the Hilltop Institute to develop a *Welcome/Orientation* packet as an updated to the previous *Guide to Services* which will include information regarding resource coordination services and limitations.	RCC
2	Communications /Training	With only 12.5 days in the rate for "training and staff meetings", how many hours of mandatory training does DDA anticipate scheduling during FY14 for service coordinators? Providers will need to plan the use of these 12.5 days for internal training and staff meetings?	At this time, in addition the Regional trainings currently scheduled noted below, the DDA will be conducting training specific to coordinators on how to document time before July 1st and exploring training on outcomes and critical incidents (abuse, neglect, and elopement). *TBD Central Region to be held at the Meeting House in Columbia. *July 16th (8:30-4:30pm) Southern Region to be held at the Bowie Comfort Inn and Conference Center. *August 5th (8:30-4:30pm) Eastern Shore Region to be held at the Holiday Inn Express (8561 Ocean Gateway in Easton, MD). *August 12th (8:30-4:30pm)Western Region to be held at Hager Hall (901 Dual Highway, Hagerstown, MD).	RCC
3	Communications /Training	When will the TCM billing feature of PCIS be available for evaluation, training, and practice? Has DHMH already begun to test this billing feature?	Information concerning the available to test system was sent out 6/20.	RCC
4	Communications /Training	When will DDA begin to provide training on the PCIS TCM billing feature?	DDA will provide an overview of fiscal protocols and PCIS2 functionality to RC provider leadership and providers' financial representatives during the June 24th fiscal webinar. Resource coordinators specific training on how to capture their time for billing purposes will be conducted prior to July 1st and is being coordinated and will be announce soon.	RCC
5	Communications /Training	DDA has said there will be a manual and training related to billing. What are the plans and schedule for the manual and the training?	Coordination and final details on the training related to billing is being finalized. A draft of the manual is under review. Additional training will be scheduled as needed working with resource coordination providers.	RCC
6	Communications /Training	Will the billing manual provide guidance on the necessary language needed in the contact/progress notes that is acceptable to Medicaid?	This will be addressed in the resource coordination manual.	RCC

#	Category	Question	Response	Source
7	Communications /Training	When will there be a next DDA/provider conference call?	We are planning on scheduling a call for Friday, July 12th.	SCI
8	PCIS2: IP Module	"Goals", "Name of person responsible for implementation strategies" and "date they are to be sent to the Service Coordinator" will not save if implementation strategies not entered. There must be something entered in the implementation strategies text box. Many strategies are not being received therefore plans remain in draft and are not being sent within 20 days.	This has been added to the list of issues/features that need to be addressed as development time allows. As an interim strategy, please enter "strategy pending receipt from provider agency" in the text box which will allow entry and saving of date and person responsible.	RCC
9	PCIS2: IP Module	Draft IPs cannot be transferred to another service coordinator who may need to provide coverage.	This issue has already been identified and is included in the list of items to be addressed.	RCC
10	PCIS2: IP Module	The printed version of the IP has too many blank text boxes. Please change format so that the reader can easily understand the flow. Also, whenever the response "no" is selected in the IP, please remove any of the options that appear when the SC selects "yes". All options print whether the SC selects yes or no.	This issue has already been identified and is included in the list of items to be addressed.	RCC
11	PCIS2: IP Module	When printed, the IP may show yes for a response when the SC selected no. Entries are changed by PCIS.	This has been added to the list of priority issues.	RCC
12	PCIS2: IP Module	Increase number of characters allowed for all open text boxes. When the IP is printed currently, the reader cannot see all text that is entered.	This issue has already been identified and is included in the list of items to be addressed as development time allows.	RCC
13	PCIS2: IP Module	There is no way to indicate team agreement on the signature page created in the IP module	This feature currently exists. When creating the attendance page a box will appear that allows entry of the attendee's name, title, and plan agreement (yes or no).	RCC
14	PCIS2: IP Module	Include a place for the diagnosis	This issue has already been identified and is included in the list of items to be addressed.	RCC
15	PCIS2: IP Module	To be able to print out if strategies are still pending	This issue has already been identified and is included in the list of items to be addressed.	RCC
16	PCIS2: IP Module	Direct service providers be able to view the PCIS IP Module for individuals served	This issue has already been identified and is included in the list of items to be addressed.	RCC

#	Category	Question	Response	Source
17	PCIS2: IP Module	For providers who are uploading IPs from their database, incomplete IPs are not generally uploadable. Once uploaded from a providers database, complete or incomplete, IP entries cannot be changed. This needs to be modified on the DDA end so that uploaded incomplete or complete IPs can be revised or overwritten as written	This issue has already been identified and is included in the list of items to be addressed.	RCC
18	PCIS2: IP Module	Limited drop down options or no option for "other." We have found this under integrated setting---we mark no but then none of the options fit what is going on	This has been added to the list of issues/features that need to be addressed.	RCC
19	PCIS2: IP Module	We are having problems changing name of RC, transfer to RC but when pull up IP to do, it still will list previous RC on the IP	This has been added to the list of issues/features that need to be addressed.	RCC
20	PCIS2: IP Module	Emergency plan--allergies should populate "no" if there are no allergies	This has been added to the list of issues/features that need to be addressed.	RCC
21	PCIS2: IP Module	Emergency plan--need a generator yes nothing comes up, what is purpose of question	To identify the need for electricity in the event of an emergency and focus support actions. Additional clarification or another data item can be explored so this has been added to the list of issues/features that need to be addressed.	RCC
22	PCIS2: IP Module	On emergency page--unable to put in more than one insurance or pharmacy, MA number does not print from information page	This has been added to the list of issues/features that need to be addressed.	RCC
23	PCIS2: IP Module	Health appointments past due--we used to put ASAP or past due, this is not an option will only allow a date to be entered	This has been added to the list of issues/features that need to be addressed.	RCC
24	PCIS2: IP Module	There is no place for notes in IP--we are uploading a comment page	This has been added to the list of issues/features that need to be addressed. As an interim strategy can notes be entered in the RC form when the date and activity is selected as a "Note" box appears.	RCC
25	PCIS2: IP Module	Relook at summary page--legal options as we have some children custody of DSS or a grandparent but parent retaining medical guardianship. Maybe add 'other" category for further explanation. Sometimes also have co-guardians that do not live together so need more options	This issue has already been identified and is included in the list of items to be addressed.	RCC
26	PCIS2: IP Module	Services--staff ratio--is that for the goal or the program?	Staff ratios are for the direct services provided by the staff/licensed agency.	RCC
27	PCIS2: IP Module	If print or email IP (PDF) for families, does not show all of info and does not show any uploads	This issue has already been identified and is included in the list of items to be addressed.	RCC
28	PCIS2: IP Module	For medications & medical appointments it prints out a select number of text boxes but not all text boxes completed	This has been added to the list of issues/features that need to be addressed.	RCC

#	Category	Question	Response	Source
29	PCIS2: IP Module	Documenting and Uploading activities related to the IP requires an IP ID#. The ID# is assigned once the IP is uploaded. There is work that occurs prior to the completion or uploading of the IP including IP prep work. How will SCs be able to document or upload work related to the IP before the IP ID# is received? One suggestion is to not have an ID# related to the IP, or to acquire the IP ID# upon referral.	This issue has been corrected.	SCI
30	PCIS2: IP Module	Would it be feasible to use the IP template for waitlist clients? Could a separate IP template be devised to use for wait list clients?	There is one IP module that is used for all people receiving RC services including people on the waiting list and transitioning from an institution, with the exception of the Comprehensive Assessment.	RC Webinar 1
31	PCIS2: IP Module	If an individual's IP is only in PCIS-2 as a draft, will they system still auto-fill with an IP number?	Yes, the system tracks the IPs based on the individual's number.	RC Webinar 1
32	PCIS2: IP Module	Is the expectation that providers enter FY13 IPs (last year) into PCIS-2 along with the current year?	Providers should be entering IPs as they occur beginning March 28, 2013.	Montgomery County
33	PCIS2: RC Invoicing	What monthly reporting will be required in FY 14 or will PCISII have the capacity to run the required reports?	As shared during the RC orientation meetings, current services delivery data elements will be captured via PCIS 2 and therefore the DDA has no current requirements for a month report. The DDA will advise RC providers in the event that a report is needed. However, RC providers are still required to submit quarterly quality reports based on their self assessment of their quality plan.	RCC
34	PCIS2: RC Invoicing	When will the IT schema be for the TCM billing portion of PCIS be available for providers to incorporate into their internal databases??	IT schema was sent to providers on June 10th.	RCC
35	PCIS2: RC Module	There is no print option when completing the comprehensive assessment in PCIS. CMRO requires the assessment be mailed to them so the print option is needed.	The Comprehensive Assessment is not in the system; it is the CNRL form which will continue to be submitted to the RO using the paper document. The Comprehensive assessment activity to include dates of actions associated with this service will be documented in the system.	RCC

#	Category	Question	Response	Source
36	PCIS2: RC Module	We were able to print monitoring form as a screen shot but not able to save as PDF and share if needed	While a separate print file is not generated, it is possible to print the PCIS2 screen. As an interim strategy, providers can scan print out and save as a pdf to share with team members.	RCC
37	PCIS2: RC Module	There is no option to print the monitoring form. Service Coordinators share the responses of this form with the team and need to print it.	While a separate print file is not generated, it is possible to print the PCIS2 screen. A pdf version will be shared during the upcoming trainings or sooner.	RCC
38	PCIS2: RC Module	A description of notes in RC module should be added. A SC has no way to sort notes if they need to refer back to them.	This has been added to the list of issues/features that need to be addressed as development time allows.	RCC
39	PCIS2: RC Module	Include ability for more than one supervisor. Some staff have more than one	This issue has already been identified and is included in the list of items to be addressed.	RCC
40	PCIS2: RC Module	Ability to have more than service coordinator assigned to an individual. Also some providers assign more than one coordinator to a person. Most providers have back up coverage coordinators	An individual should only have one resource coordinator but they can be re-assigned.	RCC
41	PCIS2: RC Module	How do we navigate to the Comprehensive Assessment section in PCIS-2?	To access the Resource Coordination module in order to enter activities related to the Comprehensive Assessment for billing purposes, click on the "RC" tab, then select "Resource Coordination" and search for the individual you need to log activities. Please note the Comprehensive Assessment document is not completed or submitted in the system. It is completed using the CNRL form which will continue to be submitted to the RO using the paper document.	Resource Connections
42	PCIS2: RC Module	Will we be submitting our completed Comprehensive Assessments through PCIS-2, or will hard copies still go to the Regional Office?	Comprehensive Assessments will be completed and submitted using the paper document. Only the activities to complete the assessment will be recorded in PCIS-2.	Resource Connections
43	PCIS2: RC Module	When a referral is made, will PCIS-2 access be granted simultaneously so there is no lag time for our staff being able to enter information in real time?	Yes, PCIS-2 access should be authorized once the referral is made.	Resource Connections
44	PCIS2: RC Module	Is a contact a necessary part of an activity/is the contact field required in order to bill for the activity? Example, after a late IP team meeting, the SC comes in the next day and completes some related IP review, paperwork and/or writing without contacting anybody. Also, completion of forms, research, etc. do not always involve an actual contact on a given day. This will have considerable impact on revenue generation if contacts are required for every single activity entered.	Contact is a required field, but we recognize the need to add an "Other" option for activities that do not involve direct contact with an individual. This will be addressed in the next system modification. In the meantime, as a temporary solution, please instruct your staff to select "In Person," which will require a selection for Location, they should choose "Community" and include a description of the activity in the notes section.	SCI

#	Category	Question	Response	Source
45	PCIS2: RC Module	Can you confirm that all the individuals are in the RC Module billing feature and indicated in the various service categories (i.e. Crisis Resolution, Community Coordination) with their corresponding Max Units Available?. We do not see this information in the live billing module.	Maximum available units (billing) are indicated on the screen where duration is entered. The invoice will display the units billed for that month.	SCI
46	PCIS2: RC Module	In PCIS we are finding that some individuals are not assigned to the correct SC or supervisor. How do we get this information to you so adjustments can be made?	Providers are responsible for assigning individuals to resource coordinators. Supervisors have access to all individuals and can assign them to specific coordinators. Individuals are not assigned to supervisors.	SCI
47	PCIS2: RC Module	Question regarding start time and end time. If an event occurred from 12:00-12:10, it seems that the next event should be able to start at 12:10. It was mentioned on the call that the next event wouldn't start until 12:11. That would be a loss of billable time, which would occur multiple times per hour. Can this be changed? Would stopping an activity and starting a new one at the same time cause overlap in PCIS?	This issue has been corrected.	SCI
48	PCIS2: RC Module	We had heard at one point that DDA was working on an alert to service coordinators when the number of remaining billable max units get to a certain point to avoid activities that go over the allotted number of hours? For example, if the SC has used 90 % of the billable hours for the year, will they be alerted? Also please confirm that if an individual is at max unit caps, and no request for additional units is approved yet, that the billing for a task above max unit caps can still be saved, completed, and submitted, and that the provider will be reimbursed after the fact if the request for additional units is approved.	Currently, the resource coordinators are responsible for tracking an individual's unit usage and requesting additional units with the system. DDA will look into adding an alert in the system. If an individual has hit their maximum, activities can still be entered (available units will become negative), but the RC forms cannot be saved as complete and submitted for billing until after the request for additional units has been approved.	SCI
49	PCIS2: RC Module	Will SCs need to complete the monitoring form following each monitoring/follow up activity? If a monitoring form is not needed due to the nature of the work done, can the billing still be saved, completed, and submitted for payment.	The monitoring form should be completed on the quarterly face-to-face contacts for people in services/any other required follow-up. If you are conducting monitoring activities on one particular focus area, you would just indicate that area on the monitoring form. You can bill for monitoring activities without updating the entire form.	SCI
50	PCIS2: RC Module	Who has privileges to use the XML function to print? Just supervisors or SCs/others?	The person responsible for maintaining the data on the agency's end will be able to use the feature. He/she should request a user ID with that "RC Data Specialist" role in order to have the correct privileges.	SCI
51	PCIS2: RC Module	Does "In Person" contact option refer to just the individual or can it refer to an in person visit with family, etc.?	It refers to an in person visit with anyone (family, support staff, etc.)	RC Webinar 1

#	Category	Question	Response	Source
52	PCIS2: RC Module	Can the "when" field overlap with an entry for another individual served?	No, you can only bill for one person at a time. If you are working on referrals for 3 people at the same time, you'll have to divide the duration of time among the individuals.	RC Webinar 1
53	PCIS2: RC Module	If I enter a Resource Coordination activity the day after I completed the activity, which date do I enter?	You should enter the actual date that you completed the service, not necessarily the date you enter the information.	RC Webinar 1
54	PCIS2: RC Module	Do you have to enter separate activates if you work on an individual's IP in the morning and again in the afternoon?	Yes, you will have to enter a separate start time and duration for different activities conducted throughout the day if they are not sequential.	RC Webinar 1
55	PCIS2: RC Module	Can Resource Coordinators print out a report of activities entered?	Yes, after clicking on the "Resource Coordination" button in the RC tab, Resource Coordinators should select "Search," then "Download Detail." The system will download an excel file of logged activities that can be printed.	RC Webinar 1
56	PCIS2: RC Module	Can any activity be saved as draft?	Yes.	RC Webinar 1
57	PCIS2: RC Module	Should the Comprehensive Assessment not be saved as complete until the paperwork is sent to the Regional Office?	Correct, the Comprehensive Assessment should not be saved as complete until the paperwork is sent to the Regional Office.	RC Webinar 1
58	PCIS2: RC Module	Can the service date be pre-populated with the current date?	No, the service date should be the date the service/activity was provided. It is not necessarily the same date that the coordinator enters the activity into PCIS-2.	RC Webinar 1
59	PCIS2: RC Module	How will Resource Coordinators get access to individuals who are assigned to a provider agency?	The provider supervisors will assign the individuals to Resource Coordinators at their agency.	RC Webinar 1
60	PCIS2: RC Module	How do we update incorrect demographic information in PCIS-2?	Contact the Regional Office to request updates to demographic information.	RC Webinar 1
61	PCIS2: RC Module	How do you document time for actually writing the IP?	You would select "Development and Periodic Revision of the IP" as the activity and describe your specific tasks in the notes section.	RC Webinar 1
62	PCIS2: RC Module	If you make several of the same type of contacts with an individual throughout the day, can they be combined under one activity duration entry? (Exa. You make 8 calls to the individual in one day)	No, you will have to make a separate duration entry for each one in order to have accurate start time and duration information.	RC Webinar 1
63	PCIS2: RC Module	Does PCIS-2 have spell check functionality?	Yes, but only if you use Google Chrome as your browser.	RC Webinar 1

#	Category	Question	Response	Source
64	PCIS2: RC Module	What is the expected usage pattern for coordinators that upload information into the system rather than entering directly into PCIS-2? Should they collect all of the information as they perform services and upload only once?	This is business process that should be established by each provider. DDA encourages timely document and submission of service delivery. Incident must be submitted timely as per the Policy on Reportable Events.	RC Webinar 1
65	PCIS2: RC Module	Is there a text limit in the "Notes" field?	No, there is unlimited space for entering notes.	RC Webinar 1
66	PCIS2: RC Module	What is the number for the DDA Help Desk?	410-767-0747	RC Webinar 2
67	PCIS2: RC Module	Why is time entry required for Comprehensive Assessments when they are billed at a flat rate?	DDA would like to track the amount of time spent on Comprehensive Assessments for quality assurance purposes and to determine if the $450 rate is accurate and fair.	RC Webinar 2
68	PCIS2: RC Module	When do we enter waiting list clients into PCIS-2?	Documentation and service delivery for waiting list clients should be entered as they occur.	Montgomery County
69	PCIS2: RC Module	Even though managers will be approving and reviewing billing and IPs in PCIS2, would it be ok to provide this level of access to our Q/A staff, or would this be an internal decision?	This is an internal business decision for which providers should establish internal controls and policies to ensure protection of confidential information. A request for access would need to be submitted to DDA.	Montgomery County
70	Policy: Billing	What is the meaning of "certify" in the PCIS RC Module wherein supervisor must certify service coordinator entries? What is the process a supervisor would need to go thru to certify an entry? What is the liability of the provider and staff if a "certified" entry is later found to be inaccurate?	The DDA added this feature for services to be certified based on request from RC providers. This feature provides the ability for the provider to "certify" which attests to the accuracy of the information. RC providers will need to establish their own policies related to who they would like to certify such as the resource coordinator supporting the person, supervisor, etc. and any internal business rules they wish to establish for quality assurances. Only invoices will be certified.	RCC
71	Policy: Billing	How will agencies be reimbursed for partial/incomplete Comprehensive Evaluations which occur as a result of the applicant's failure to follow through with the process?	If a Resource Coordinator has worked on a Comprehensive Assessment, and the applicant fails to follow through to completion, the provider will still be paid the $450 based on the submittal of CNRL form and explanation of the circumstances.	RCC
72	Policy: Billing	How to bill for office work related to the IP if the service coordinator is not contacting anybody?	Enter the time spent working on the activity.	RCC
73	Policy: Billing	Is the IP preparation work and meeting in advance of the IP billable?	Yes, enter the time spent working on the activity.	RCC
74	Policy: Billing	For referrals that we are unable to complete for various reasons such as lack of documentation, will we still be paid for the work done?	Yes, providers will still be paid the one-time amount for the Comprehensive Assessment if all efforts were made on the part of the Resource Coordinator.	Resource Connections

#	Category	Question	Response	Source
75	Policy: Billing	The TCM rate per unit of service was increased 2.46% due to HB633 adjustments. Please clarify the rate adjustment for the $450 comprehensive assessment.	There is no rate adjustment for the comprehensive assessment.	SCI
76	Policy: Billing	Is documentation billable?	Yes, documentation is billable and should be entered as an activity in the RC module.	RC Webinar 1
77	Policy: Billing	What is the service provided when someone calls a provider instead of the Regional Office for new services? Should we redirect the person to the Regional Office and not enter it, or do we enter it as referral activity?	They should just be referred to the Regional Office; you will not be able to bill for that kind of activity.	RC Webinar 1
78	Policy: Billing	Is travel time to and from individual visits billable?	No, travel is not a billable activity. It is factored into the rate.	RC Webinar 1
79	Policy: Billing	When requesting additional units, how many can you get?	You can request as many as you need, and the Regional Office will have to approve the amount.	RC Webinar 2
80	Policy: Choice / Transfer / Referral	What are the timelines and planned arrangements and timeframe for Provider Interest Fairs in each region?	As shared during the recent call, the DDA received recommendations from a focus group related to strategies to present options for people to make their selection. Feedback received included having RC providers responses to standard questions so people and families could compare and that provider fairs were not favored at this time. Therefore, the DDA decided not to pursue a provider fair strategy at this time.	RCC
81	Policy: Choice / Transfer / Referral	Protocols for admission and discharge.	Protocols for referrals (admission) and transfers (discharges) will be shared with in the upcoming regional training. The DDA Regional Office will refer and notify the assignment of individuals to resource coordination providers. Once authorized services within PICS for a designated RC provider, a resource coordinator can be assigned.	RCC
82	Policy: Choice / Transfer / Referral	Once determined eligible, how will individuals be appraised of and make their choice among available providers?	Individuals will be advised of provider choice options within their eligibility letter. This will be implemented in the Southern Region initially and then expanded to other regions as new providers are identified.	RCC
83	Policy: Choice / Transfer / Referral	Can choice of resource coordination providers include the choice of a provider not in the individual's region?	No, this is not an option as providers did not submit a proposal or selected as a provider for the region. RC providers can consider exploring agreements with providers in the participant's region to support the person.	RCC

#	Category	Question	Response	Source
84	Policy: Choice / Transfer / Referral	Will Comprehensive Assessment referrals be made based on choice, or will they be assigned by the DDA?	Individuals seeking services through DDA will be given the opportunity to choose an RC Provider. The RO will then refer the individual to the chosen RC Provider for the comprehensive assessment. Individuals that do not make a choice will be randomly assigned.	RCC
85	Policy: Choice / Transfer / Referral	How can a provider effect an overall limit to, or increase or decrease, in their capacity of number of persons they will serve, or effect a limit in a particular service category?	RC providers must support all people that select them from the region (for private agencies) or county (for Health Department) they were selected to serve. The only exception is Montgomery County who is transitioning out of services over the course of the fiscal year.	RCC
86	Policy: Choice / Transfer / Referral	Solicitation and Recruitment – will there be any limits or prohibitions in solicitation and recruitment of individuals to choose a new provider? Direct solicitation, in person visits, email contact, phone call contact, incentives, enhanced services, mailings, etc. ?	Direct solicitation, "cold calls", incentives, enhanced services, mass mailings are prohibited. This includes contacting individuals receiving RC from another RC provider for the intent of solicitation or recruitment.	RCC
87	Policy: Choice / Transfer / Referral	Can a resource coordinator encourage individuals to transfer with them if they go to work for another TCM provider?	Resource coordinators are prohibited from "***encouraging***" individuals to transfer with them as they change employment as this is a direct conflict of interest. Resource coordinators may share information about their new employment.	RCC
88	Policy: Choice / Transfer / Referral	What are the transition policies, procedures, and timelines for when an individual chooses to transfer to a new resource coordination provider?	After initial selection of provider, an individuals can request to change a provider once annually unless otherwise authorized by the DDA due to health and safety reason or transfer to a new region. RC providers should support the request to change coordinators within a provider at any time.	RCC
89	Policy: Choice / Transfer / Referral	How will referrals be made to our agency (mail, email, etc.)?	A formal list of initial and subsequent new referrals will go out via email.	Resource Connections
90	Policy: Choice / Transfer / Referral	Does our 45-day clock begin from the Regional Office date stamp on the application or from the date we receive the referral in our office?	Providers will have 45 days from the earlier date of either the date of the application or the date of the referral.	Resource Connections
91	Policy: Choice / Transfer / Referral	How should we handle assignments made to us prior to July 1 that are in process but not submitted to the Regional Office yet? Will we need to enter their information in PCIS-2 in order to get paid for completing the assignment or is there another process we should follow?	Regional Offices will be authorizing Comprehensive Assessments services in the system for people referred to provider agencies last fiscal year . The Resource Coordinators should enter activities and associated durations conducted on and after July 1st. They should also input dates associated with process steps such as referral date, initial contact date, face to face meeting date, etc. regardless of when it occurred.	Resource Connections

#	Category	Question	Response	Source
92	Policy: Choice / Transfer / Referral	Please send us a report of the names of individuals (first name, last name), SSN, DOB, types of Resource Coordination (i.e. Crisis Resolution, Community Coordination, etc.). We have noticed some discrepancies on the above between our two systems, and would like to resolve it as soon as possible to avoid potential problems with the July 1st implementation of TCM. To do this, we need a report from PCIS of all individuals assigned to Service Coordination, Inc. for reconciliation.	All RC providers will receive a list of individuals assigned (referred) and corresponding information next week. Additional referrals will be sent as people submit their choice to the DDA. SCI supervisors are also able to view every individual assigned to SCI in the system.	SCI
93	Policy: Choice / Transfer / Referral	We understand that DDA is receiving choice letter responses from people in Montgomery County. When do you expect referrals from Mont CO to begin to be made to SCI?	Referrals will go out beginning Monday and will be on-going as choice letters continue to come in.	SCI
94	Policy: Choice / Transfer / Referral	Regarding the comprehensive assessment, if we are assigned new eligibility files at the end of this fiscal year (i.e. May, June), but the assessment isn't completed until after July 1, the new fiscal year, how will that be reconciled? We will get a list to you of people in this situation if that helps. We also have recently received some referrals for people on the future need register, with a request from DDA for a CNR update; there are already known to be eligible. What do we do with these?	RC providers are already authorized to provide pre-Fiscal Year 2014 comprehensive assessments (eligibility) services within PCIS. RC providers should enter information for services delivered. Please provide a list of future needs registry referrals which will be addressed by the RO and no action is to be taken on your part.	SCI
95	Policy: Choice / Transfer / Referral	With "Type of RC Service" pre-populated, will DDA be providing a list of people served and their service type?	Yes, DDA will be giving providers a list of individuals referred to their agency; the list will include type of service.	RC Webinar 1
96	Policy: Choice / Transfer / Referral	Regarding initial contact, we get referrals from other agencies and will send out the DDA eligibility application. How do we make notation for the time we spend with the client pre-determination, supposing the client decides on a different provider for resource coordination?	You cannot bill for that type of activity as the person has not made a choice. RC provider's philosophy, business practices, and/or customer service plan may include this type of assistance.	RC Webinar 1
97	Policy: Choice / Transfer / Referral	Will DDA Headquarters or the Regional Offices be entering individuals who have applied for Comprehensive Assessment into the system?	The Regional Office will enter them into the system.	RC Webinar 1
98	Policy: Choice / Transfer / Referral	Who will be sending the transfer letters, DDA or the Regional Office?	The Regional Office will send transfer letters.	RC Webinar 1
99	Policy: Choice / Transfer / Referral	Will the Request for Service Change (RFSC) process be used to transfer RC agencies?	This process is under discussion.	RC Webinar 1
100	Policy: Choice / Transfer / Referral	How will we be notified that we have a Comprehensive Assessment that needs to be completed?	Your agencies will receive email notification of new referrals, and the individuals will show up in the supervisors' screens as "To Be Assigned" for assignment to a Resource Coordinator.	RC Webinar 1

#	Category	Question	Response	Source
101	Policy: Choice / Transfer / Referral	How can Resource Coordinators enter the name for a Comprehensive Assessment if the person has not yet been assigned to that provider?	You cannot complete the assessment until the person has been referred to the provider agency by DDA.	RC Webinar 1
102	Policy: Choice / Transfer / Referral	Will individuals applying to DDA choose the provider they want to complete the Comprehensive Assessment, or will they be randomly assigned?	Individuals will have the option to choose. If they do not make a choice, they will be randomly assigned.	RC Webinar 1
103	Policy: Resource Coordination Function	Can an individual have a DDA TCM case manager as well as a case manager at the same time under another DHMH TCM program such as REM or the Living at Home Waiver?	Yes if authorized for DDA RC services by the DDA. Coordination of services and sharing of relative information between the case manager and RC is critical and will be monitored.	RCC
104	Policy: Resource Coordination Function	For HIPPA purposes, are TCM providers considered business associates or a covered entity?	We are working with the Assistant Attorney General and will provide a response at a later time.	RCC
105	Policy: Resource Coordination Function	Do individuals living in the state residential centers, i.e. Holly Center and Potomac Center, get the same resource coordination services per 10.09.48 as other individuals?	People residing within the SRC are covered under the new resource coordination model and services. Currently, people residing at SRC are grouped into three categories 1) Reside at SRC and also attend a DDA licensed program outside of SRC; 2) Reside at SRC, actively transitioning and do not attend a DDA licensed program outside of SRC; 3) Reside at SRC and do not wish to transition at this time. RC services will be authorized for these groupings as follows: 1) Community Coordination services which supports monitoring on follow up activities for the day program and can assist with fully transitioning to the community at the higher available authorized units; 2) Transition Coordination services as their is a single focus on transitioning and no community service monitoring; 3) Waiting List Coordination as current request - as the person is not pursuing transitioning or attending an outside day program and therefore needs an annual plan including assessment under the Written Plan of Habilitation.	RCC
106	Policy: Resource Coordination Function	When do you think the final COMAR 10.09.48 will be distributed to providers and when will it be published?	It will be distributed Monday.	SCI
107	Policy: Resource Coordination Function	Will we do Comprehensive Assessments on individuals that do not have MA?	Yes, resource coordination services are provided to all people regardless of Medicaid eligibility.	RC Webinar 1
108	Policy: Resource Coordination Function	Many Transitioning Youths are "future needs," will we be able to work with those individuals? Up to this point, we have been responsible for completing the eligibility update in order to make Transitioning Youths "Current Request" so they are eligible for the Transitioning Youth Initiative.	Regional Offices are now responsible for completing updates for people on the Future Needs Registry.	RC Webinar 1

#	Category	Question	Response	Source
109	Policy: Resource Coordination Function	For Transitioning Youths, will we still be able to attend IEP meetings?	Yes.	RC Webinar 1
110	Policy: Resource Coordination Function	Are people on the waiting list required to have an IP or Provisional Plan?	All individuals on the waiting list are required to have an IP.	RC Webinar 1
111	Policy: Resource Coordination Function	Is there a problem with Resource Coordinators working more than 8 hours per day?	No, that is something to clarify with your specific agencies.	RC Webinar 1
112	Policy: Resource Coordination Function	Does the initial in-person contact for Comprehensive Assessments need to be in the individual's home?	No, the in-person meeting can be anywhere.	RC Webinar 2
113	Policy: Units	In aggregating to 15 minute increments, can minutes in different billing service categories (IP, referral, monitoring, etc.) be added up throughout the day to get to 15 mins? Or must they all be in one service category to aggregate?	Yes, minutes for all activities for the same person during that day will be aggregated. This issue has been fixed in the system.	RCC
114	Policy: Units	What are the policies and procedures to request additional time units to maximum annual limit units? Criteria?	The protocol for requesting additional units to maximum annual unit limit will be shared during the upcoming regional trainings. The criteria is based on crisis resolution criteria unless otherwise authorized by the DDA. There is a request form built into PCIS-2 to request additional units which will be covered in the fiscal webinar.	RCC
115	Policy: Units	How will case management be provided while RC provider is awaiting approval of the request for additional time units?	It is important to effectively and efficiently plan and deliver services and seek additional support within the provider's agency and DDA Regional Office as needed prior to exhausting all units. Projected need and request for additional units should be considered early to allow sufficient time for a the request and decision. Approval of additional units will be based on established protocol and a decision rendered within a proposed five business days or sooner unless additional information is needed. In the event that all units have been exhausted prior to the request and authorization, the RC activities can be entered once the additional units have been approved.	RCC
116	Policy: Units	How will TCM be provided when there are no additional time units approved?	RC providers will need to establish their own policies related to what activities and supports, if any, they as an agency will provide if the request is denied. The DDA will consider additional information to support the request and new request at any time.	RCC
117	Policy: Units	How will appeals be handled if additional time units are not approved?	Appeals will be handled through the standard appeals process.	RCC

#	Category	Question	Response	Source
118	Policy: Units	If a person's priority status is changed, what will happen if they have used their maximum capacity hours; example: Moving from Crisis Prevention to Current Request?	Individuals that change resource coordination service type categories will maintain or keep the higher of the two maximum unit allotments. In the event that the maximum units were already exhausted, the DDA would review as an exception for consideration of additional units.	RCC
119	Policy: Units	How if at all are the best practices to inform individuals of their maximum capacity hours as well as their remaining hours? Will DDA be sending out related communications to individuals and families?	Resource Coordinators will be able to track available hours in PCIS2 as they enter resource coordination activities and would be able to communicate this to the participants.	RCC
120	Policy: Units	GTYI could fall under the Current Request priority category in which case they would max out at 15 hours. During the year of graduation, supporting GTYI routinely requires increased time do to the increased need, and more than the 15 hours. How is this being considered? Can they perhaps all be placed in a higher priority category to reflect the number of maximum units needed?	Unless already on the DDA Waiting List, the status of a students on the DDA future needs registry shall be updated at the age of 18 to reflect current request for the Transitioning Youth priority category. Therefore, resource coordinators will share information and encourage exploration of all post transition options (including post secondary interest and opportunities) during the few years prior to actual transition. Proactive coordination activities should not be saved until the final year. Changes in an individual circumstances should be reported to the DDA for consideration of determination of new priority category.	RCC
121	Policy: Units	Does the Comprehensive Assessment billing portion always accurately default to a unit of 1 on a reliable basis?	Yes, the Comprehensive Assessment is billed as a one-time, one-unit activity for $450.	SCI
122	Policy: Units	Is there a required amount of billable units that needs to be submitted weekly?	No.	RC Webinar 1
123	Policy: Units	If an individual runs out of units, do you have to wait to provide service until additional units are approved?	Resource Coordinators should be monitoring available units and not wait to make a request until the units reach zero. You can continue to provide services and enter activities in PCIS-2 after they reach zero, but you will not be able to submit those entries for billing until/unless the additional units are approved.	RC Webinar 1
124	Policy: Units	How far in advance can you request additional units?	There is no limit to when you can request additional units, but the Regional Office might be less likely to approve them if you still have a large amount of units available at the time of the request.	RC Webinar 1
125	Policy: Units	How will Resource Coordinators be notified of the decision on requests for additional units? Who is making that decision?	The Regional Office will make the decision to approve, modify, or reject a request. You will be able to view the status of your request in PCIS-2.	RC Webinar 1
126	Policy: Units	Will Resource Coordinators be given guidelines for supporting the need for additional units in the request form?	Yes, DDA will issue guidelines soon.	RC Webinar 1

#	Category	Question	Response	Source
127	Policy: Units	Will the Regional Offices receive notification when requests for additional units are submitted? What is the timeline for approval?	Regional Offices should receive notification of additional unit requests. The requests should be reviewed and responded to within 5 days.	RC Webinar 1